Attorney Docket No. __

BIRCH, STEWART, KOLASCH & BIRCH, LLP

PLEASE NOTE: YOU MUST COMPLETE THE FOLLOWING P.O. Box 747 • Falls Church, Virginia 22040-0747 Telephone: (703) 205-8000 • Facsimile: (703) 205-8050

COMBINED DECLARATION AND POWER OF ATTORNEY FOR PATENT AND DESIGN APPLICATIONS

As a below named inventor, I hereby declare that: my residence, post office address and citizenship are as stated next to my name; that I verily believe that I am the original, first and sole inventor (if only one inventor is named below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Insert Title:		SUPPLEM	ENT PREPAR	RATION				
Fill in Appropriate	the specification of which is attached hereto. If not attached hereto, the application is identified by the attorney docket number as set							
Information - For Use Without Specification Attached:	and amended on the specification was International Applic	as filed on cation Number s filed on cation Number				_ (if applicable	as ;) and/or _ as PCT and was plicable)	
Insert Priority Information: (if appropriate)	amended by any amendn I acknowledge the Regulations, §1.56.	have reviewed and ment referred to abo duty to disclose in do not believe the sa lescribed in any pri ation, that the same that the invention I in any country for more than twelve ficate on this invenilegal representative gn priority benefits sted below and have if the application on tion(s) Denmark (Country) (Country)	I understand the convector was ever known interest publication in the was not in public that it is not been patents or it is not been patents or it is in the work of the wore	material to pate or used in the Un any country befouse or on sale in ed or made the si d States of American States of States of States of States Code, sow any foreign applimed: 5 Augus (Month/Day/ (Month/Day/	the United States of Abject of an inventor's rica on an application or to this application, reign to the United St. \$119(a)-(d) of any fore plication for patent or \$1.000 at \$1	in Title 37, Coda before my or on thereof or management of the certificate issuent filed by meand that no a ates of America cign application inventor's certificate is and the certificate is a certificate is suent filed by meand that no a ates of America cign application inventor's certification. Priority Coda Yes Yes	the claims, as de of Federal our invention nore than one than one year ted before the or my legal pplication for a prior to this n(s) for patent difficate having Claimed No No No No	
Insert Provisional Application(s): (if any)	(Application Number)			(Filing Dat	е)			
, ,,	(Application Number) (Filing Date)							
	All Foreign Applications, if any, for any Patent or Inventor's Certificate Filed More than 12 Months (6 Months for Designs) Prior to the Filing Date of This Application:							
Insert Requested Information: (if appropriate)	Country	Apr	olication Number		Date of Filing (Month)	/Day/Year)		
	I hereby claim the benefit under Title 35, United States Code, §120 of any United States and/or PCT application(s), including for continuation-in-part application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States and/or PCT application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose information which is material to the patentability as defined in Title 37, Code of Federal Regulations, §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.							
Insert Prior U.S. Application(s): (if any)	(Application Number)	(Fili	ing Date)	 (Status - patented, pen	iding, abandoni	ed)	
Page 1 of 2 (Rev. 05/2004)	(Application Number)	(Fili	ing Date)	(Status - patented, pen	ding, abandon	ed)	

A Hornor	Docket No.	
Attornev	Docket No.	

I hereby appoint the practitioners at CUSTOMER NO. 02292 as my attorneys or agents to prosecute this application and/or an international application based on this application and to transact all business in the United States Patent and Trademark Office connected therewith and in connection with the resulting patent based on instructions received from the entity who first sent the application papers to the practitioners, unless the inventor(s) or assignee provides said practitioners with a written notice to the contrary:

Send Correspondence to:

CUSTOMER NO. 02292 (BIRCH, STEWART, KOLASCH & BIRCH, LLP)

Telephone: (703) 205-8000 • Facsimile: (703) 205-8050

PLEASE NOTE: YOU MUST COMPLETE THE FOLLOWING:

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

TOLLOWING.	such willful false statements may jeopardize the validity of the application or any patent issued thereon.							
Full Name of First or Sole Inventor: nsert Name of Inventor Insert Date This Document is Signed	GIVEN NAME/FAMILY NAME Jørn Oddershede THOMSEN	INVENTOR'S SIGNATURE	men PATE	1-06				
nsert Residence insert Citizenship →	Residence (City, State & Country) Rævskærvej 21, Tornby	DK-9850 Hirtshals	CITIZENSHIP Danish					
nsert Post Office Address →	MAILING ADDRESS (Complete Street Address including City, State & Country) Rævskærvej 21, Tornby DK-9850 Hirtshals							
Full Name of Second Inventor, if any: see above	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*					
	Residence (City, State & Country)	CITIZENSHIP						
	MAILING ADDRESS (Complete Street Add	ress including City, State & Country)						
Full Name of Third Inventor, if any: see above	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*					
	Residence (City, State & Country)	CITIZENSHIP						
	MAILING ADDRESS (Complete Street Address including City, State & Country)							
Full Name of Fourth Inventor, if any: see above	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*					
	Residence (City, State & Country)		CITIZENSHIP					
	MAILING ADDRESS (Complete Street Address including City, State & Country)							
Full Name of Fifth Inventor, if any: see above	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*					
	Residence (City, State & Country)	CITIZENSHIP						
	MAILING ADDRESS (Complete Street Address including City, State & Country)							
Full Name of Sixth Inventor, if any: see above	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*					
	Residence (City, State & Country)	CITIZENSHIP						
	MAILING ADDRESS (Complete Street Address including City, State & Country)							

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*DATE OF SIGNATURE